

BOMB THREAT TELEPHONE CALLS

| | |
|---------------------|--------|
| Your Name: | Date: |
| Time Call Received: | Ended: |

ASK:

1. Where is the bomb now?
2. When is the bomb going to explode?
3. What kind of bomb is it?
4. What does the bomb look like?
5. Who placed the bomb?
6. Why was the bomb placed there?
7. Obtain full name and address of informants

DESCRIBE THE VOICE:

- | | | |
|----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Calm | <input type="checkbox"/> Laughter | <input type="checkbox"/> Angry |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Distinct | <input type="checkbox"/> Crying |
| <input type="checkbox"/> Slow | <input type="checkbox"/> Slurred | <input type="checkbox"/> Deep |
| <input type="checkbox"/> Rapid | <input type="checkbox"/> Nasal | <input type="checkbox"/> Ragged |
| <input type="checkbox"/> Soft | <input type="checkbox"/> Stutter | <input type="checkbox"/> Clearing throat |
| <input type="checkbox"/> Loud | <input type="checkbox"/> Lisp | <input type="checkbox"/> Deep breathing |
| <input type="checkbox"/> Normal | <input type="checkbox"/> Raspy | <input type="checkbox"/> Cracking voice |
| <input type="checkbox"/> Accent | <input type="checkbox"/> Disguised | <input type="checkbox"/> Familiar |

If the voice is familiar, who did it sound like?

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Well spoken (educated) | <input type="checkbox"/> Incoherent |
| <input type="checkbox"/> Foul | <input type="checkbox"/> Taped |
| <input type="checkbox"/> Irrational | <input type="checkbox"/> Message read |
| <input type="checkbox"/> Foreign language | by threat maker |

BACKGROUND SOUNDS

- | | |
|---|--|
| <input type="checkbox"/> Street noises | <input type="checkbox"/> Factory noises |
| <input type="checkbox"/> Television | <input type="checkbox"/> Animal noises |
| <input type="checkbox"/> Voices | <input type="checkbox"/> Clear |
| <input type="checkbox"/> PA system | <input type="checkbox"/> Static |
| <input type="checkbox"/> Music | <input type="checkbox"/> Local |
| <input type="checkbox"/> House noises | <input type="checkbox"/> Long distance |
| <input type="checkbox"/> Motor noises | <input type="checkbox"/> Telephone booth |
| <input type="checkbox"/> Office machinery | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Traffic noises | _____ |
| <input type="checkbox"/> Air traffic noises | _____ |

EXACT WORDS OF PERSON PLACING THE CALL:

SEX: ☐ Male ☐ Female Approximate Age: _____

REPORT CALL IMMEDIATELY TO:

- ☐ **9 - 911**
- ☐ Your supervisor or anyone in management
- ☐ The Emergency Action Coordinator for your building
- ☐ The ARB Health & Safety Coordinator at (916) 323-1158

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